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Original Articles.

THE INDICATIONS FOR ABDOMINAL HYSTEROTOMY IN THE TREATMENT OF UTERINE FIBROIDS.

BY JOHN C. MINOR, M. D.

WITHIN the last few years this subject has been brought prominently forward in surgical literature. In my own practice I have had frequent occasion to assume the responsibility of a decision upon the surgical treatment of large uterine fibroids, when I realized to the fullest extent the poverty of clinical experience in such cases, and the necessity of more extended information on the subject than my personal experience or the ordinary works of reference could furnish. In the present paper I have nothing to offer that can be considered as original in conception, it is rather a compilation from the most recent treatises of those practical points which afford a reasonable basis for the decision of an important surgical question. It is mainly from the published records of the cases of Clay of Manchester, Koeberlé of Strasburg, and Pean of Paris, that our information is gained, but it is chiefly from the monographs of Storer, Routh and Pozzi, that we derive the practical deductions from the clinical records.

Using the term fibroid in its clinical rather than its histological acceptation, we may include not only those tumors formed by hypertrophy of the constituent elements of the uterus, but also the mixed varieties, fibro-cysts, etc. There are three varieties of uterine fibroids, the intra-uterine, the interstitial, and the sub-peritoneal. The first are generally developed into the polypoid form, their nature and treatment are well defined, and we dismiss them from further consideration.

Interstitial fibroids develop in the walls of the uterus, and are enclosed in a well-defined sac, formed by compression of the normal tissues. Such a tumor of course increases the surface area of the uterine cavity, and may grow to any size. They have no tendency to become dislodged spontaneously, like the intra-uterine fibroids, but are woven into the uterine substance.

Sub-peritoneal or peri-uterine fibroids develop towards the external surface of the uterus, to which they remain attached by a broad base in most cases, but the base may become atrophied in others. To cut through the uterine walls so as to remove these tumors, or to remove the uterus itself in part or entire, is the operation which we call hysterotomy.

The internal uterine surface is easily accessible, after dilatation of the neck, through the vagina. To utilize this passage so as to divide the muscular capsule which separates interstitial fibroids from the uterine cavity, and thus extract them, is called vaginal hysterotomy. The external surface of the uterus is contained in the peritoneal cavity, and affords a location for sub-peritoneal fibroids and fibro-cysts. To lay open the abdomen and remove these growths with as much of the uterus as is necessary, constitutes the abdominal hysterotomy, which we shall now consider, an operation not confined to sub-peritoneal growths, but applicable to interstitial tumors as well, whenever the volume is so great as to make a distinct abdominal protuberance, or to preclude the vaginal operation.

Ovariotomy for ovarian cysts is the parent of hysterotomy for uterine fibroids. The early cases were not premeditated, but were the result of errors in diagnosis. It has happened that when the abdomen has been opened for the removal of a tumor presumably ovarian, the surgeons have

found themselves in the presence of a fibroid tumor of the uterus. The first who fell into this error recoiled before the difficulties and dangers of an unknown operation. They hastened to sew up the abdomen, and abandon the operation. Thus it was with Lizars, Dieffenbach, Atlee, Baker-Brown, Cutter, Deane, Mussey and Smith.

Clay and Heath, of Manchester, in 1843, were the first who removed the uterus by gastrotomy for fibroid tumors. Koeberlé, in 1863, was the first who undertook the operation with deliberation, after having made a correct diagnosis. From this time hysterotomy was frequently performed under analagous circumstances by various surgeons in France, England and America. * * *

In order to form a correct estimate of the value of abdominal hysterotomy, it is necessary first to inquire what is the usual progress and prognosis of uterine fibroids.

Fibrous tumors are not ordinarily very grave affairs. We meet them frequently in autopsies, when they had been unsuspected during life. Among those which give, during life, symptoms more or less distressing, it is only a few which occasion fatal results. In ninety-six cases of uterine fibroids, observed by West, which affected the general health to a greater or less degree, only one died from hemorrhage in the ninth year of the disease. Two other deaths were noted from peritonitis after childbirth, but the relation between the tumors and the peritonitis is not very clear.

Alongside of these cases of benign fibroids, if we may use the term, we place another class, much rarer fortunately, which gives rise to such alarming symptoms, compromising the life of the patient, that we are justified in resorting to the extreme measure of abdominal hysterotomy. The tumors to which we now refer are either interstitial or peri-uterine, and sufficiently developed to make a notable abdominal protuberance.

In analyzing the published cases, we may readily distinguish two varieties among the dangerous class of fibroid tumors.

The first of these clinical types is formed by tumors that have been many years in developing, of variable size, and which may give rise to serious consequences from hemorrhage or compression.

The second clinical type is characterized by a rapid and continuous development, terminating fatally in a few years, or even in a few months, with phenomena which resemble those produced by ovarian tumors, except that hemorrhages and consequent exhaustion are superadded to the symptoms. These distinctions are by no means absolute, but in a very large number of cases they are marked, and when they occur they are valuable.

The first clinical type, then, is a tumor slowly developing, but with a tendency to produce serious results. The chief dangers produced by this class of tumors are of two kinds; hemorrhages, from their projection into the uterine cavity, and consequent irritation of its mucous lining, and compression of the organs contained in the cavity of the pelvis.

It is worthy of remark, that it is often by comparatively small tumors that the most serious results of this kind are produced, and this occurs partly because they are generally interstitial, acting as an irritant upon the mucous membrane, and partly because they remain lodged in the pelvic cavity instead of rising up into the abdomen, as in the case of very large tumors. The phenomena of compression are rarely wanting in fibroids that have attained a considerable size, but they may not be so marked as to be considered dangerous to life. The repetition not less than the quantity of the hemorrhages, and the anæmia which results, are often very alarming, and by some are regarded as a sufficient indication for hysterotomy. The difficulties and dangers incident to pregnancy and labor, complicated with fibroids, are familiar to all, but even this concurrence is not necessarily fatal or alarming. Peritonitis has been caused by fibroids, as in three cases reported by Guyon, but it is rare, and cannot be admitted among the usual prognostics. These are some of the chief dangers to which fibrous tumors of the first clinical type give rise.

Now, on the other hand, there are two clinical facts to be noted with reference to these tumors, which must be regarded as of the utmost importance in their bearing upon the question of operation. First, these tumors rarely cause death; secondly, they have a natural tendency towards a spontaneous diminution in their volume, and an amendment of their symptoms. These two propositions are capable of demonstration by logical deductions from clinical records. We know that these patients become profoundly anæmic, that life becomes almost in-

supportable from obstinate constipation, gastralgia, œdema of the lower extremities, neuralgic pains from compression, etc., but there are very few deaths resulting from these causes. We may, in fact, conclude that these alarming symptoms have only a temporary duration, and that they terminate by giving place to a condition of things that is more tolerable, that transforms the malady into an infirmity. That which gives weight to this conclusion is the abundance of published cases where this diminution of the tumor and subsidence of the symptoms have been observed, and the testimony of every writer whose views have been based upon large clinical experience.

In large fibrous tumors of this class, we may ordinarily distinguish three successive phases. A first period of growth; a second period, in which the symptoms produced by the tumor attain their maximum of severity and danger; and finally, a third period of the decadence of the symptoms and atrophy of the tumor. This third period coincides generally with the menopause; yet, at this period we sometimes observe a last ascending oscillation in the development of the tumor by which the symptoms are temporarily aggravated prior to their final subsidence.

The second clinical type is clearly distinguished from the preceding, and its prominent feature lies in the rapidity and continuity of the development of the tumor. Its progress is like that of ovarian tumors. It is rapid, incessant, and dooms the patient to certain death. These rapidly growing tumors are usually fibro-cystic, and are sometimes difficult to diagnose from ovarian tumors. A fibro-cyst of the uterus may reach the umbilicus in six months, and fill the abdomen in a year's time.

The question is still an open one as to whether these tumors are benign or a variety of cancer, and it is one that we must pass without reply, because the clinical evidence with which alone we deal is absolutely valueless on this point. All that we care to know is that fibro-cysts may take on this rapid form without otherwise differing from ordinary fibrous tumors. We sometimes see the same rapid development in fibrous tumors that are destitute of any cystic element, and this renders the characteristic of our second clinical type still more confined.

This large and rapid growth in uterine tumors is recognized as an indication for abdominal hysterotomy by Koberlé, Richet, Ollier, and most of the recent operators.

In considering the advisability of an operation which terminates fatally in sixty per cent. of the cases, it is worth while to ask whether this is the only chance we can give the patient. It is not sufficient that the life of the patient should be threatened, the danger must not only be imminent, but the surgeon must be able to say with assurance that without the operation death is inevitable, before he advises its risks. Such is the surgeon's position in the presence of ovarian tumors.

We know that when ovarian cysts have attained such a size as to affect the general health in spite of medical and palliative measures, the duration of life reserved for that patient does not exceed two years, and these are a succession of unrest and torture. Certainly, a similar prognosis must authorize an equally daring operation. It was this prognosis that justified the first attempts at ovariotomy in spite of the rarity of their success, and which places the operation today on a recognized basis. Is it not the same with hysterotomy.

We have found among the large fibrous tumors, which give rise to serious results, two kinds, differing in their development, in the march of their symptoms, and in their prognosis. The fibrous tumors of the first clinical type may indeed terminate fatally, like the second, and the surgeon is not justified in predicting the result of such a case with certainty. But in view of the characteristic history of this class of tumors he may hope that the patient will escape these dangerous symptoms or tide them over and be able to reach the period of the menopause, and this expectation founded on reasonable premises is a barrier to the operation. No doubt a small number of these patients will die, but it is certain that many more will remain alive than if they had been compelled to run the fatal chances of hysterotomy.

The case is different, however, in that class of cases which constitute the second clinical type. There we may foresee a rapid maturity and a fatal termination. These tumors simulate ovarian cysts in their development; they conform to them in all their attendant circumstances, and the same prognosis establishes the same rule for their removal by operation. Therefore, when a

fibrous or fibro-cystic tumor develops rapidly; when it is steadily progressive in growth; when in cases of fibro-cysts the patient is already beyond the menopause, or in cases of peri-uterine or interstitial fibroids the menopause is still remote; when in addition to the rapid growth of the tumor the symptoms become so grave as to menace the life of the patient, in absence of those conditions which contra-indicate capital operations in general, we are warranted in performing abdominal hysterotomy.

We may therefore draw the following conclusions:

1st. Abdominal hysterotomy in the treatment of fibrous tumors of the uterus is an operation which, although of the most serious character, is perfectly justifiable in certain cases, and should take a definite rank among surgical operations.

2d. A comparison cannot be established between the indications for gastrotomy for uterine fibroids and the indications for the same operation for ovarian tumors, because, while a large number of uterine fibroids come legitimately under this operation by reason of their rapidly fatal progress, the vast majority of large uterine fibroids do not afford sufficient indications for hysterotomy.

3d. The operation should be observed for those fibrous or fibro-cystic tumors which are rapid in their evolution and accompanied by symptoms so serious as to imperil the life of the patient.

4th. Large fibrous tumors, which do not come under the preceding category, although they may produce alarming symptoms, should be treated by less dangerous methods. It is a recognized fact that these tumors have a tendency towards a diminution in size, and a tolerable condition after a period more or less prolonged, and it appears to be demonstrated by experience that the mortality resulting from the expectant treatment is much less than that which follows hysterotomy.

5th. It is also shown by the published records that when, in a gastrotomy, performed under an erroneous diagnosis, we meet with a uterine tumor instead of an ovarian cyst, it is better to remove the tumor rather than to leave the operation unfinished, even though it should be necessary to remove the uterus and ovaries at the same time.

DISINFECTION.*

BY JOHN H. THOMPSON, M. D.

THE subject of disinfection is one of much importance to both the physician and surgeon, and has commanded more or less attention from early ages; at first, without any well-established theory, or much certainty of action, decoctions of herbs, and some mineral substances were made use of, as was said, for "cleansing wounds and foul ulcers."

Since those primitive times various theories have been advanced and discarded; for instance, corpuscular transudation, the presence of living germs in the atmosphere, and spontaneous generation.

These theories, which have all originated within a few years, are supported by the researches and investigations of many highly scientific men, such as Cohnheim, Beale, Tyndall, Hartley, Huxley and others.

No doubt, some benefit has been derived from these sources, but it is not necessary to pledge ourselves to either theory, but rather endeavor to turn to practical advantage some facts that are established by results.

It is well known that in some patients who have undergone surgical operations, the formation of pus is apt to undergo some changes from laudable or healthy pus to a state of decomposition, and become putrid, which by its action or return into the system, in some manner produces septicaemia or pyæmia..

These will occur sometimes, no matter whether the injury be traumatic, or the result of extensive ulceration, if the parts have been exposed to the influence of the atmosphere.

Some periods seem to be more productive of these terrible diseases than others, and much is due to locality. Some hospitals having a large percentage, while others are free; there, too, the condition of the individual patient has much to do with it, some being more susceptible than others.

Now, let us take into consideration some of the agents which are used to arrest or prevent this putrefactive change, and correct impurities of the atmosphere.

* Read before the N. Y. County Hom. Med. Society, May 10th, 1876. In the preparation of this paper, I am indebted to E. P. Colby, M.D,, on Disinfectants in Surgery: Wales, Minor Surgery, and the Reports of the N. Y. Board of Health.

But let me say, before proceeding further, that *fresh air* and *pure water*, constant ventilation and thorough cleansing, are natural means of preventing and destroying the causes of infection and disease. Some of the simpler cases of atmospheric impurity arise from well-known causes, such as a diminution of the natural proportion of oxygen in the surrounding air, from acid fermentation.

It is also supposed that plants, while they give off oxygen during the day, exhale carbonic acid gas during the night. The remedy in such cases is obvious and simple. *Let the cause be removed.* Carbonic acid gas is also found in abundance in old wells and caves, where it originates from the decomposition of the surrounding soil. Quicklime and lime-water are the proper corrective agents in these cases, as they will absorb the acid to a considerable extent.

Dupuytren long ago suggested the plan of lighting two fires, one above the other, in the mouths of old wells, to displace the carbonic acid gas by the strong current of air which they would produce. The custom of lowering a pan of burning coals into wells is founded upon the same principle.

In the neighborhood of sinks, sulphuretted hydrogen, hydro-sulphate of ammonia and nitrogen are found, and may be destroyed by chlorine, which decomposes them by abstracting their hydrogen, or by the nitrate of lead, called Ledoyen's disinfecting fluid, (composed of nitrate of lead, ℥viij, dissolved in water, conj. j,) this preparation deprives the effluvia of its sulphurous properties, but is somewhat objectionable on account of its cost and poisonous nature.

Chlorine and its compounds are had recourse to as frequently as any other article for the purposes of disinfection, though free chlorine has seldom been used in surgical cases, on account of its disagreeable odor, and irritative properties.

It may be obtained very easily from a mixture containing

Black oxide manganese	℥i.
Common salt	℥iij.
Sulphuric acid	f ℥j.
Water	f ℥ij.

These materials should be placed in some open vessel, and set in the room to be disinfected.

Chlorinated lime in saucers, or sprinkling Labarraque's solution on the floor and bed-clothes, will have the same effect.

In the use of either, the quantity of chlorine allowed to escape should not be sufficient to produce any irritation of the bronchial tubes.

During the Spring and Summer of 1875, the wards of Bellevue Hospital were thoroughly fumigated with chlorine gas, to disinfect them after being given up on account of an uncontrolable epidemic of puerperal fever, and they were afterwards occupied as surgical wards by Dr. James R. Wood, and not a single case of septic disease occurred in them, though eighteen amputations were made; nor was there a single death.

This powerful disinfectant was used because all the poisonous emanations from the human system are decomposed by it, and thus rendered inert, (carbonic acid gas excepted,) and also because of its diffusible power. Strips of paper being pasted over the crevices about the doors and windows before the chlorine was generated.

Two sheets of lead, eight feet long and four feet wide, with the edges turned up, were placed on the floor of the ward to be fumigated. In these lead pans were placed several hundred pounds of black oxide of manganese and common salt, to which water was added, and stirred with wooden shovel until the mass acquired the consistency of thick mud. Numerous vessels filled with sulphuric acid were placed around these leaden pans, in readiness to be applied to the mixture. The quantity necessary to eliminate all the chlorine, required nearly an equal weight of the acid and water, with the manganese and salt.

Water was then poured on the floors to dampen the wood, and the ward was filled with steam until the moisture condensed on the walls and ceiling. The air of the room was so saturated that one could not see across it.

There were several assistants in readiness, and at a given signal each poured a vessel of the acid on the pans of the manganese, and then all immediately rushed out of the door, to escape inhaling the noxious vapor of chlorine gas, which was liberated in such volumes that it would have proved fatal to any one remaining in or entering the apartment, and the doors were securely fastened to prevent such an accident. After twenty-four hours, the vessels were again filled with sulphuric acid, the mixture in the pans was rapidly stirred, and a second application of acid was made in the same manner as at first.

For these two evolutions of gas, about 160 lbs. of acid were used.

At the expiration of another twenty-four hours, the windows were thrown open, and the residuum of the acid, manganese and salt removed, the walls and floors were scrubbed and dried. After one ward had been purified in this manner, the vessels were cleaned and carried to another ward, and the same process gone through with.

For the fumigation of all the wards about 5,000 lbs. of manganese, 25 sacks of salt, and the equivalent of sulph. acid were used.

Solution of Chloride of Zinc is a powerful disinfectant and has been called "Burnett's Disinfecting Fluid," after Sir Wm. Burnett, who introduced it into use in 1840, as a deodorizing and disinfecting agent in neutralizing noxious effluvia, and in arresting animal and vegetable decomposition. It has been highly recommended as an excellent disinfectant for ships, hospitals, dissecting rooms, and water closets. It contains about 175-200 grains of zinc to the imperial ounce.

For disinfecting purposes, a gill may be mixed with a gallon of water. For preserving anatomical subjects, one part to eighteen of water will form a solution of the proper strength; injected into the blood-vessels, it preserves them for dissection without impairing their texture.

One advantage claimed for it is that while it destroys putrid odors, it has none of its own. It may also be applied to cancerous and other offensive ulcers, if properly diluted, and will destroy the fetor as long as the dressings are kept moist with it.

For purifying infected ships, or thoroughly renovating an infected ward in a hospital, a mixture of two parts of chloroform and one of alcohol may be burned in a saucer by placing a piece of candle wick in it; upon lighting the end of the wick, which should project over the edge of the dish, a dense black smoke will be given off, which is very irritating to the eyes and throat. The ignition will set free chlorine gas and hydrochloric acid.

This means of disinfection cannot be used while any person remains in the apartment, but the dishes containing the fluid should be placed at different points, the windows or hatches all closed, and the wicks set on fire. After leaving everything closed for three or four hours, all should be thrown open again, to admit the free ingress and circulation of fresh air.

This will be found to be an excellent fumigator and disinfectant.

Ozone, which was first observed by Schönbein, in 1839, is an article which has also been highly praised for its powers of purifying infected atmosphere. Some complicated apparatuses have been made for its production, but it can be obtained by exposing a stick of phosphorus to a damp atmosphere.

A paper was read by Dr. Moffat before the British Association (in 1862), wherein he stated that he had found it to be a valuable disinfectant during its luminous state, which was much influenced by atmospheric conditions; high pressure, low temperature, and wind from the North caused it to be non-luminous, while the opposite conditions caused it to be luminous.

His method was to take a quart jar with a wide mouth, fill one-third full of water, let a piece of flat cork float upon the surface, and on it place a piece of phosphorus with a smooth cut surface, cover the mouth of the jar with a card; the jar is to be moved from place to place in the apartment until the smell of ozone is detected. Its presence may also be detected by its property of liberating iodine from its combination with the metals.

A slip of paper moistened with starch and iodide of potassium, exposed to the air of a vessel containing the slightest mixture of ozone immediately becomes blue, from the liberated iodine meeting the starch. The ozone may be liberated every morning and evening in the room which it is desired to disinfect. The temperature may be kept sufficiently high in an apartment to keep the phosphorus luminous. For the purpose of purifying the air arising from sewers or cesspools, a piece of phosphorus may be suspended over the opening. There, however, it will be luminous or not, according to the height of the barometer, the temperature of the surrounding air, and the direction of the wind; but ozone will only be produced when it is luminous.

Vapor of Iodine has been used with some success in England. Righini says it possesses remarkable antiseptic and anti-spasmodic properties, and is a valuable hygienic resource in hospitals. He recommends its employment in the following manner:

"Make a soft paste of starch and warm water, and add half its quantity of iodoform. This mixture will be readily absorbed by some porous paper, which is to be cut in strips three or four inches wide, and hung up in the wards. The iodoform slowly escapes without causing any inconvenience to the patients, and is most freely liberated in a moist atmosphere."

Permanganate of Potash is a valuable disinfectant, acting by decomposing the noxious gases. It is inodorous, which is a further recommendation of this efficient article in surgical practice. As a disinfecting lotion it may be made according to circumstances, from one to ten grains of the salt to a fluid ounce of water. In applying it to fetid ulcers or gangrenous wounds, from which it will entirely remove the bad odor and restore a very rosy hue to the diseased parts, a solution may be used, or it may be powdered and sprinkled on. It acts as an escharotic, but with less pain than most of them.

An injection may be used in cases of cancer of the uterus and chronic ulceration of the mucus membrane of the nares, with much advantage.

The New York Board of Health direct (Rep. of 1867) that when used in disinfecting clothing and towels from patients sick with cholera, scarlatina, typhus, or typhoid fevers, during the night, or when such articles cannot be immediately boiled, that the soiled articles should be thrown into a tub of water in which there has been dissolved an ounce of the permanganate to every three gallons of water, and that the clothing should then be boiled either in this solution or as soon as removed from it.

Even this dilute solution acts powerfully on clothing, discoloring and soon destroying it; a solution of sulphate of zinc, of eight ounces to three gallons of water, with the addition of half an ounce of carbolic acid, has been substituted. Neither of these substances act on the color or fibre of the material to be disinfected; (Rep. of 1869). Clothing should be immersed one hour, then boiled, and afterwards washed in the ordinary manner. To disinfect clothing by boiling, the temperature should be kept at the boiling point steadily, for an hour at least.

Impure drinking water may be tested for organic matter with the permanganate of potassa. In order to do this, make a solution chemically pure, eight grains to one ounce of distilled water; into the suspected water put one drop of the red solution; if the red tint disappears from the glass of water in half an hour, add more of the potash. For every drop that loses its color in a half pint of water, there will be found to be from one and a half to two grains of putrid organic matter. To purify such water, if it must be used, drop the solution of permanganate in until a slightly red tint remains in the water. This very weak solution of permanganate is not unwholesome, but for common purposes, (and among the poor), it is better to depend upon the thorough boiling of impure water, if such water must be used. However, the potash quickly determines the presence of organic impurities, and destroys them by instantly oxidizing or burning them.

Sulphate or proto-sulphate of iron, in solution with carbolic acid, (eight or ten lbs. to five gals. water, and half pint carbolic acid,) was at one time extensively used in this city as a privy disinfectant, but the fact that after a lapse of three or four weeks the sulphuric acid becomes reduced to sulphuretted hydrogen, made it impracticable for use, on account of the very disagreeable and unhealthy odor emitted after that time. Though, if the contents of the privy are soon to be removed, this objection need not be regarded.

When the discharges of cholera patients are being thrown down a water-closet, a pint of this solution can be occasionally put in the closet, and a small quantity of the solution should be constantly kept in all vessels into which the discharges are voided from the body, and a strong solution should be used in which to cleanse the vessels.

Sesquichloride of iron acts in a double manner. On account of its metallic nature, it checks fermentation, and on account of its excess of chlorine, it acts as an oxidizing agent.

This is an excellent disinfectant to use in privies, the further decomposition being checked by the presence of the iron compound, while one of the most deleterious products of decomposition, the sulphuretted hydrogen, is readily decomposed by the chlorine.

To this solution may be added ten per cent. of carbolic acid, and we have what is called "The Metropolitan disinfecting fluid."

Sulphurous acid gas was very anciently employed as a disinfectant, having been mentioned by Homer.

The usual method of fumigating with this gas,

is to place two pounds of sulphur in an old iron pan, then, after closing all the windows and doors, pour half a gill of alcohol on the sulphur, and ignite it.

An apartment should be under the action of the gas from two to six hours.

When the rooms to be fumigated are furnished with valuable carpets, gilt ornaments, etc., the only precaution necessary is to secure the entire absence of moisture on them, as the action of the sulphurous acid on the colors or on the gilding depends entirely on the presence of water.

The sulphurous acid will take the water from the air and fall as fine dew on the floor and furniture. Fumigation with this agent, therefore, is done well only in dry weather.

Lime and *chloride of lime* are too well known to detain us for any description.

Carbolic acid is also as well understood. It may not, however, be known to all present that a mixture of spirits of camphor with carbolic acid may be used in equal parts where the disagreeable odor of the acid is objectionable.

The fact that such a mixture smells merely of camphor, was first stated by Elisha Harris, M.D., the sanitary superintendent, and proves of much practical importance in the disinfection of apartments inhabited by the better class of people.

Salicylic acid has lately been attracting considerable attention, in consequence of its eminent antiseptic properties, and also as a means of preservation and disinfection, being applicable in all cases where it is the object to keep away the lower forms of organic life. Also to suppress fermentation, decomposition and putrefaction, but the investigation of this acid was carried on for many years by several chemists before these properties were discovered. It was then more sought after, and a new method of preparation—the one still in use—was found in carbolic acid.

It is not poisonous nor deleterious to health, nearly tasteless, though producing acridity in the fauces. It can be easily kept and transported, and is always ready for immediate use. 300 parts of water are required to dissolve it, unless combined with phosphate of sodium, with which it is easily soluble.

It may be dissolved in four parts of alcohol or fifty of hot oil or glycerine; also in wine and other liquors, in proportion to the percentage of pure alcohol which these liquids contain.

The bleached acid is probably the most desirable for use, especially internal use, as the impure acid retains some of the smell of carbolic acid.

Externally, it may be used for suppurating sores, burns, scalds and gangrenous surfaces, either in the form of a lotion, a salve, sprinkled on in the powder, or triturated with starch, in various proportions.

Its alleged advantages over all other antiseptics are, that it is far more powerful and effective in smaller quantities, and that it is in all quantities necessary for complete effectiveness, entirely devoid of irritant action upon the living tissues.

A spray of a solution 1 to 300 will immediately deprive the atmosphere of a room of the foul odor resulting from the exhalation of carbonic acid from the body.

One grain added to a quart of milk will preserve it from curdling, at the ordinary temperature, thirty-six hours longer than it would keep without; the milk keeps its own sweet taste, and the addition of the acid does not prevent the cream from rising, or interfere with its properties in making butter.

Eggs immersed five minutes in a solution of sixteen grains to a quart of water, dried in the air, and placed on egg boards, will remain fresh for months.

Tainted meat, put in a similar solution, and allowed to remain for an hour, and afterwards rinsed, will be preserved from further putrefaction if *soon used.*

Any preparations apt to spoil easily, like solution of gum arabic, glue, infusions, or ink, may be preserved by an infinitesimal quantity of this acid.

Thus much for this new agent, which, although it has not yet been extensively adopted, nevertheless, promises to be a very valuable article.

EXPERIMENTS WITH VACCINE VIRUS.—M. Chauveau's well-known experiments on the vaccine virus are called in question by M. Bert. He does not admit the validity of the experiments by washing and filtering, with which Chauveau arrived at his conclusions, but has subjected vaccine matter to a pressure of thirteen atmospheres of oxygen; the virus not having lost any of its properties, he thinks it evident that it does not owe them to an animal substance. The virus of vaccine must, he holds, be ranged, therefore, in the class of diastases or false ferments.—*British Medical Journal.*

Clinic.

SURGICAL CLINIC OF NOV. 6TH, 1875.

BY DR. WM. TOD HELMUTH.

CYSTIC TUMOR.

CASE 1. Eliza V., aged 22 years. History of case.—Has noticed for the past year that there has been two tumors growing on her scalp. They were diagnosed as two sebaceous cysts.

Prof. H. "Tumors are of two kinds, innocent or benign and malignant. Benign tumors, in texture, resemble the normal tissues of the body, and with the exception of recurring fibroids, they are not liable to return after proper extirpation. Malignant tumors are of heterologous formation, and are liable to return after extirpation. These are benign tumors, and are classified by surgeons as belonging to one of the largest families of that class, viz.: the cystic. Cysts may be denominated hollow growths, with walls of widely different texture, and with their contents varying greatly. They may, in their many forms, occur in every portion of the body. There are many ways of removing them. Homœopathic remedies sometimes prove successful in removing the different varieties of cysts. Electrolysis has been recommended. A seton may prove efficacious; and in a few instances a radical cure has been effected by subcutaneous puncture and evacuation. Dr. John Pattison, of London, reports several brilliant cures by enucleation; he cuts down upon the cyst, evacuates its contents, and fills the cavity with cotton wool smeared with enucleating paste, composed of equal parts of powdered hydrastic root, chloride of zinc, flour and water. If these methods fail, the only resource is complete extirpation both of the tumor and the wall of the cyst. Great care must be taken to remove the cyst-wall *entire*, for if the slightest trace of it be suffered to remain, the cyst will certainly be reproduced. I have a peculiar method of removing these cysts, which is to cut the entire *top* off, the remainder of the sac can then be easily removed by the forceps. This came accidentally to my notice while operating on some large suppurating cysts.

The contents of sebaceous cysts usually consist of a semi-liquid yellowish-white substance, which in old cysts, is sometimes hard, dry, laminated, and of a brown, green, or blackish color. The larger of these tumors we will remove by cutting off the top according to my method; the smaller, by making an incision down upon the tumor and dissecting out the sac, that you may see the difference in the two methods. The after-treatment of these operations must not be neglected, as the removal of a cystic tumor of the scalp has been followed, through neglect, by erysipelas."

PHIMOSIS (CONGENITAL.)

Case 2. Jeremiah L., aged 3 years. History of case.—Has had partial retention of urine for three days past. Was troubled in the same manner last summer, but it lasted only a short time.

Prof. H.—"When you have the prepuce drawn and contracted in front of the orifice of the urethra, it is phimosis, when the prepuce is retracted behind the corona glandis, leaving the glans uncovered, it is paraphimosis; either form may be congenital or acquired; in this case it is the former. The congenital variety of phimosis can seldom be relieved without recourse being had to an operation, which may be performed by several different methods. When natural phimosis, existing at birth is complete, an immediate operation is required to save the patient's life, generally puncture with an ordinary lancet in the most prominent portion of the tumor will be sufficient, as the stream of urine will afterwards prevent the closure of the wound. When the orifice of the prepuce is not entirely closed, but merely contracted, a simple and very suitable method of operating is that recommended by Mr. Liston, which consists in passing a grooved director, open at the end and well oiled, under the prepuce, alongside of the frænum, taking care that it is not passed into the urethra. A sharp-pointed knife is passed along the groove, and emerges at its extremity, then with one sweep the prepuce is divided. If the edge of the prepuce is thickened, it should be seized between the blades of the forceps, and be shaved off. Several fine sutures will now be necessary to prevent the separation of the integument and mucous membrane, in order that they may unite by adhesion. Dr. Hutchinson, of Brooklyn, has devised a pair of forceps "for rupturing the mucous membrane in accidental phimosis." The operation consists in introducing the blades of the forceps, which are thin and narrow, closed, through the preputial opening and along the dorsum of the glans penis as far as the corona. They are then suddenly expanded, and withdrawn

fully dilated. The patient is now directed to retract the prepuce behind the glans several times a day, especially during micturition, both in order to prevent the contact of urine with the wound, and also the too rapid union of the ruptured edges, which would reproduce the disease. The operation which I propose to perform on this patient is this: I draw forward the foreskin and hold it with the blades of a pair of straight forceps, being careful not to have the glans penis within the grasp. I will now remove the portion of the prepuce in front of the forceps, with a pair of scissors; you see now the integument retracts, leaving the mucous membrane exposed, which is the real cause of stricture, and I will now introduce a director, slitting it, and trim it off close to the corona. We now stitch the mucous membrane and the integument together, in order that they may unite by adhesion. When this patient first began to lose consciousness from the effects of the ether, which was the anæsthetic agent employed, he passed nearly two quarts of urine; now what does this teach us? Simply this, that when we want to relax sphinctors, give an anæsthetic."

CARIES OF CRANIUM.

Case 3. James W., aged 52 years. Case reported October 16th and 23d. History of case.—Has had no pain for two weeks, and appears to be improving.

Prof. H.—"Sometimes the proper remedies, when prescribed according to the law which we profess and believe, will work wonders. You will all recollect the condition of this man when he came here for the first time, and you can now see how much he has since improved; we cannot do better than to continue the same remedies, and let us not be afraid of an aggravation from the drugs.

GANGLION.

Case 4. Theresa R., aged 24 years. History of case.—Has a tumor on outside of metacarpal bone of right little finger, has noticed it once before, but it disappeared almost entirely; has had this second attack about two weeks, came on after a hard day's washing. It was very hard at first, but for the past two days has been growing softer; whilst hard it was very painful, and it still pains her some. It interferes with flexion and rotation.

Prof. H.—"The muscles, with their attachments and bursæ, are all liable to injuries and diseases of more or less import, some trivial, others very severe. Inflammation often attacks the sheaths of tendons and gives rise to diseases known as thecitis and aventitious bursa or ganglion. Ganglia are rounded in shape, and are most frequently situated about the wrist. They are not generally painful, but are troublesome from a sensation of weakness and stiffness which is usually experienced. They contain a fluid of various consistency. It sometimes resembles the vitreous humor; at others, it is straw-colored and thin. Operative measures are the only certain ones for the destruction of ganglia. The simplest and oldest is either to rupture the cyst by forcible pressure of the thumbs, or with a smart blow with a book or some hard flat substance, the patient's hand being extended, or else thrust a small tenotomy knife or cataract needle into the sac and move it freely about, in order to thoroughly divide, or make many incisions into the walls of the ganglion, and thereby excite sufficient inflammation to cause the parts to adhere. Moderate pressure must then be applied, and the part allowed to remain quiet for a long time. In this case I will introduce a seton through the base, squeezing out the contents of the sac through the needle holes, over this I will apply a bandage, the seton will cause inflammation and suppuration, when this takes place it may be withdrawn."

ULCER OF BREAST.

Case 5. Martin C., aged 22 years. History of case.—Case reported Oct. 9th, 23d, 30th. The sinus which was opened two weeks ago is granulating finely from the bottom. There has been very little discharge for the past week.

Prof. H.—"This case, thus far, has been very satisfactory, but I think that it will be necessary to open the other sinus after this has healed. The opening indicates a diseased condition of the bone beneath."

EPULIS.

Case 6. History of case.—Mrs. Bridget D., aged 60 years. About one year ago noticed tumor growing on gum; situated on inner side of right upper molar tooth.

Prof. H.—"There is a variety of tumor which attacks the gums and alveolar process, which is known as Epulis. It is usually seen in aged persons; it first appears in the form of a small papilla, which gives but little pain; it grows rapidly in some instances, and may have two or three lobes, which appear attached to the gum

by a pedicle, whereas they really, in all instances, are attached to the periosteum and bone. It is flabby, does not bleed easily, and if cut off speedily recurs. Epulis may be distinguished from myeloid tumor by its density, its similarity to surrounding tissues, and the absence of sympathetic irritation of the neighboring glands; there is also but little tendency to ulceration. Now the sooner this, which is an epulis, is removed the better, and if this woman was prepared to stay in the hospital for a few days, I would remove this to-day, as the after-treatment of these tumors is of great importance; but as she is not, we will defer the operation to the next clinic when she can come prepared."

DISLOCATION CLAVICLE.

Case 7. History of case.—Andrew K., aged 11 years. While running, two days ago, fell, striking his left shoulder.

Prof. H.—"When you have a case of supposed fracture of the clavicle, have the patient stripped, and at first you will notice the shoulder drooping. Now, you can see, that this boy's shoulders are of the same height, he can put his hand behind him, on his breast and head; none of which he could do were the bone fractured, unless it were within the coracoclavicular ligament; crepitation is also absent in this case. There is a slight tumor at the sternal end, and my diagnosis is, that there is a partial dislocation at that point. I will now apply this, the third bandage of Dessault, which will keep the shoulder back, the elbow up, and the entire arm immovable. Fractures of the clavicle are more common than those of any other bone in the body, and are more liable to be shortened than any other, excepting intra-capsular fractures of the femur."

MASTOID DISEASE.

BY WILLIAM E. ROUNDS, M. D.

By the term mastoid disease we mean an inflammation of the mastoid cells and process, with a strong tendency to suppuration. Simple inflammation of the lining membrane of the mastoid cells which so often occurs in acute catarrhs of the middle ear, does not properly come under this head. It is quite probable that we never have an acute catarrh of the tympanum without more or less implication of the mastoid cells. The reason of this is plain, when we remember the anatomical relation of the parts.

These cases do not usually give much trouble, as the secondary inflammation soon subsides with proper treatment of the middle ear. Of course, if that is neglected, and the acute catarrh allowed to pass over to suppuration, the danger is augmented in proportion as the primary disease affects the mastoid cells.

But it is in that form of mastoid disease which supervenes upon a neglected suppurative inflammation of long standing that we have a most formidable foe. The history generally commences with a cold and earache, followed by discharge. This discharge is allowed to continue, yes, is often encouraged, until the ulcerative process has extended to the bone. The mucus membrane of the cells becomes swollen—stasis of the blood circulation follows—the mastoid is poorly nourished, and caries is the result. When the disease has gone thus far, if relief is not speedily obtained, inflammation of the brain and death is almost sure to follow.

The treatment laid down in the text-books is a free incision in the mastoid through the periosteum. Then poultices are applied, and tents inserted to keep the wound open.

But the following case, taken from the clinical record of the New York Ophthalmic Hospital, shows at least that this surgical interference is not always necessary, and that a much more speedy and satisfactory result can sometimes be obtained with homœopathically indicated remedies, combined with intelligent local treatment.

C. K. J., æt. 37, carpenter by trade. Eight weeks ago, during the course of a severe influenza, was taken with a distressing pain in R. ear, which was soon followed by a profuse discharge of pus from meatus externus. This discharge did not give as much relief as is usual in such cases, although the pain was somewhat modified. About four weeks from the commencement of the attack he added to his cold, and the pain was increased. The mastoid process became swollen and very tender. He suffered extremely, and after trying every remedy that his friends and physician could suggest, he came to the New York Ophthalmic Hospital for relief. The record of his case reads as follows:

Feb. 26. Being absent myself, he was seen by resident surgeon Dr. Wanstall, who records the external auditory canal filled with pus, the membrana tympani perforated, mastoid swollen, red and tender, severe pain all the time, with noctur-

nal aggravations; much tinnitus aurium, watch heard at contact. R. *capsicum* [30] in water every two hours.

Feb. 28. Reports that he was worse yesterday, but is suffering less to-day. He fears it is not real improvement, as he is often better one day than another. I explain to him the gravity of his disease, and advise him to remain in the hospital, which he does. Repeat *capsicum* [30].

Feb. 29. About the same, advise him to keep that side of his face as warm as possible, give *capsicum* iii, and galvanism, the positive electrode over the mastoid.

March 3. Capsicum has failed to relieve in the least, though a solution of *tr. belladonna* gtts. xv, *glycerine* ℥ii, *aqua c.* ℥ii, made warm, and a few drops poured into the ear, has given relief to the acute pain. The swelling has increased markedly. The infiltration has extended so far down as to interfere with the proper motion of the jaw; whole right side of face feels numb. I consult with Dr. Liebold, who advises *kali hyd.*, grs. xxx, *aqua c.* ℥ii. *s.*, one teaspoonful four times daily; also, warm applications to that side of the head.

March 7. Is no better. The swelling seems to increase and get softer. He cannot bear the least exposure to the air; goes around with a thick shawl against his head. He thinks the last medicine makes him have pain in his bones. He has frequent chills, and there is every indication that pus is forming. R. *hepar s.* iii, a powder every two hours.

March 8. About same, at least no worse. R. *hepar s.* [30] tr.

March 10. Much improved; pain and swelling less. Repeat medicines.

March 23. Swelling has gradually disappeared until it is hardly perceptible.

March 25. Has commenced to swell again; pain quite severe. He thinks he caught cold yesterday while out walking. R. *hep. s.* iii, a powder every two hours.

March 27. Still increasing; mastoid process softer than at any time yet. *Hep. s.* [30], a powder every two hours.

March 29. Is better; swelling and pain less. *Hep. s.* [30].

April 3. The swelling has again nearly disappeared. Hardly any pus in external auditory canal. Granulations can be seen through the perforation in the membrana tympani. R. *hep. s.* [30] every two hours, and *al. ust.* iii, night and morning.

April 14. Continues to improve. I allow him to go home.

April 25. Comes back with a good report. His ear has not troubled him, and he has done considerable work. Examination shows a very gratifying result. The membrane is covered with a thin layer of pus, but the perforation is entirely healed. Watch heard at a distance of six inches from the ear. Repeat med.

May 3. Has continued well. Membrana tympani is now perfectly dry and quite movable. The scarring from the extensive ulceration is much less than I expected. Watch heard at ten inches from the ear.

During the whole course of treatment I daily cleansed the ear carefully by means of the cotton probe. Politzer's and Valsalvia's methods of inflating the middle ear were also used. Electricity was applied every day.

Dr. Houghton has related to me a case very similar to this, which made a brilliant recovery under the influence of *capsicum*. I myself have seen it control inflammations of the mastoid in a most wonderful manner, but in the case just related, although I persevered in its use faithfully, it had no perceptible influence whatever. I think the disease had gone beyond the influence of *capsicum* before it came under my observation.

THE HOM. ASYLUM FOR THE INSANE.—The annual meeting of the trustees of the New York State Hom. Asylum for the Insane, at Middletown, Orange Co., was held June 15th. The officers were reëlected. Hereafter the annual meeting will be held on the first Thursday after the first Monday in December, and the fiscal year ends Nov. 30th. The second building is elegant, well arranged, and is now open for patients. It increases the capacity from ninety to two hundred and fifty patients. The records of the asylum will compare favorably with any other in the country. Two hundred and twenty-three patients were received during the past two years. Of these 64 were discharged cured, 17 were improved, and 49 were transferred to the Hospital for Incurables at Ovid. Since the first of last August there have been but three deaths. Of the 75 now remaining in the institution 11 are nearly well, and will be dismissed in a few days.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

LOCAL APPLICATIONS.

Dr. Skinner, of Liverpool, England, read a paper before the Hahnemann Academy of Medicine, at its last meeting, in which he was most emphatic in his denunciation of topical applications and all forms of mechanical aid, such as pessaries, supporters, etc., in the treatment of vaginal and uterine troubles. He believed that every curable case could be promptly relieved without mechanical help of any kind, with no other topical application than warm water, by the properly selected homœopathic remedy administered by the mouth. The speculum he never used except to verify his diagnosis, relying solely upon general constitutional treatment to effect a cure. This opinion, emphatic and sweeping as it was, seemed to meet the decided approval of such men as Drs. Gray, Hallock, Burdick, and others, who stated it was in direct accordance with their own practice and teaching. To our mind, the strongest argument Dr. Skinner advanced in favor of his theory was that for twenty-seven years he had been a prominent gynecologist in the allopathic ranks, for many years associated with Sir James Simpson, and that with only two years of homœopathic practice, his success had been so much greater, that he now turned his back entirely upon his old practice, thoroughly satisfied with the immense superiority of his present views.

Dr. Skinner has certainly earned the right to be positive and emphatic in his opinion. We heartily wish that our own experience could bring us to the same conclusions. It would be far more pleasant to both physician and patients if we could dispense with the speculum, pessaries, caustic, supporters, and all forms of local applications, and rely solely upon constitutional treatment. We admit that over and over again local applications are made which are not only entirely unnecessary, but which are productive of positive harm. There is no remedy, however valuable, which is not liable to fearful abuse. This is no reason, however, why it should be entirely discarded. If we are not very much mistaken, the physician who never uses local applications, will find after a time, one after another of his patients, however great their confidence in his general practice, passing out of his hands into those of the specialists. Cases every day present themselves which under a careful and judicious local and general treatment are in a very short time restored to health. The same cases under constitutional treatment alone might hang on for months or years, or, disgusted with the slow progress made, go where they could receive more prompt relief. There is not a specialist in the city where cases are not presented every day which could have just as well been treated by their family physician, if he had not persistently ignored topical applications.

To the advocates of a single remedy, repeated at long intervals, to those who believe in the exclusive use of high attenuation, and who claim that these alone are in all cases sufficient to cure every curable case of disease, we have simply to say, if you are satisfied with the results of your practice, if you believe that all progress in medicine runs in that way, and in that direction, then we will quietly, without calling hard names or getting the least excited, "agree to differ." We prefer more liberty and a broader platform, and

must be pardoned if, much as we revere the teachings of Hahnemann and profound as is our belief in the law of similia, we believe Hahnemann is not the only medical reformer the world has seen, that medical science has advanced somewhat even since his day, and that there is some good to those who look carefully for it outside of the law of similia.

CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

THE president of this national society, Dr. J. Marion Sims, at its recent meeting in Philadelphia, in giving the annual address, availed himself of the opportunity of giving a little wholesome advice to his brethren in the profession, which they will do well to heed. He believed their code of ethics was behind the age and in conflict with the spirit of the times. Instead of legislating it out of existence, he suggested the propriety of letting it alone, and rising so far above it that the only code of ethics among medical men required would be that in common use among gentlemen. The code of the association, he contended, was of no practical use, was ignored and violated every day by almost every member of the profession, and only brought out as occasion required as a weapon of malice by the jealous and vindictive. He might have mentioned, in support of his argument, that the only three persons ever suspended by the New York Academy of Medicine for violating its code of ethics, were Valentine Mott, A. K. Gardner and J. Marion Sims, the latter now president of the American Medical Association, and the two former perhaps quite as much known in the medical world as the cowardly detractors who hoped to mount into notoriety on their professional ruin.

Dr. Sims also quietly gave them to understand that the power of declaring who is regular and who is not, does not rest with this venerable code of ethics, or the colleges and societies who bring it out occasionally to gratify their spite, but with that legislative authority which, while it gives power to the colleges by giving them charters, throws wide open their gates to the admission on equal terms of students of every faith, recognizing as regular all physicians who have complied with their legal obligations. It is certainly worthy of notice, when the president of a national association reminds his brethren of their entire lack of power to dictate terms to the medical world; and while they enjoy the immense resources of hospitals and museums, and libraries, which have been the growth of almost a century, remind them that they have no power to shut out from their benefits those who differ from them in some parts of their belief.

If physicians were in all cases gentlemen, there would be little need of hedging round and upholding professional honor by codes of ethics. The ban under which a physician would be placed by his professional brethren for violating the plain rules of gentlemanly courtesy and good breeding, would be a more severe punishment than could be inflicted by any code of ethics. All the code that gentlemen require can be found in the teachings of the Great Physician, and can be condensed in a few plain simple rules. It would be well if they were written in letters of gold in every physician's office.

Medical Annotations.

ACTION OF STRYCHNIA ON THE EYE.—Dr. Hippel says that he has found by personal experience that, when given in doses of two to four milligrammes, strychnia produces the following effects, viz.—1. Increased peripheric sensibility for blue. 2. Temporary increase of visual power. 3. More distinct perception of peripheric points. 4. Lasting enlargement of the field of vision. He believes that the effect on the optic nerve is the same as that attributed to continuous electric currents on other nerves.

THE MARRIAGE OF NEAR KIN.—An interesting fact in connection with this debated question was brought out in the speech made by Sir Edmund Beckett, in his capacity as chairman of the annual festival of the West-End Branch of the Royal Association in Aid of the Deaf and Dumb. He stated that one of the cases requiring assistance from the society was that of a

gardener, who had eight children born deaf and dumb. These eight deaf-mutes were the children of cousins; and Sir Edmund Beckett went on to remark on the common occurrence of several deaf and dumb children in one family, and especially in families where the parents, though not deaf and dumb themselves, were cousins.—*British Medical Journal.*

Syphilis communicated by Venesection.—The *Medizinisch-Chirurgisches Centraiblatt* states that some cases of communication of syphilis by venesection have occurred in the military frontier district of Austria. In August and September last, a barber bled two pneumonic patients, by the order of a medical man and another person without medical instruction. Syphilis appeared in the cutaneous form. Two of the individuals were shown at a meeting of the Medical Society in Essek, and the diagnosis was confirmed by the fourteen members present. Local signs of syphilis also appeared in all the three cases at the spot where the bleeding was made; and the most careful inquiry could detect no other source of infection. The barber was sentenced to imprisonment for fourteen days, and a fine.

Action of the Biliary Salts upon the Pulse, Arterial Tension, Respiration and Temperature.—Messrs. V. Feltz and E. Ritter have established, by the injection of natural bile into the blood in non-poisonous doses that the pulse diminishes in frequency, that the respiration slackens, and the arterial tension and temperature fall. These functional disturbances were not produced under the influence of injections more or less large, or more or less frequent, of the different biliary coloring matters, or of ethereal solutions of cholesterine. The biliary salts, glyco, and tauro-cholates of soda, mixed in the proportion in which they exist in the bile, introduced into the venous circulation in moderate doses, reproduced in the dog the functional disturbances characterizing the similar use of natural bile. These authors also say, that the effect of the biliary salts upon muscles is to cause them to lose their contractility; and such a change occurs in blood corpuscles as to render their passage through the capillaries much slower. In the discussion of this paper, M. Bouillaud remarked that it explained satisfactorily the slowness of the pulse in icteric cases; and, contrary to the opinion of Stroll and others, that the presence of bile in the blood is a cause of febrile excitation in jaundice, the opposite condition follows. In persons whose pulse is normally 60 to 72, it would descend under this influence sometimes to 40.—*Bull. Gen de Therap.*

Quinia Subcutaneously in Sun-Stroke.—Mr. A. R. Hall, of the British Army Medical Department, says that the experience of several medical officers in India is now apparently sufficient to prove that the hypodermic injection of quinia in heat-apoplexy is the most successful mode of treatment that has yet been adopted. In May, 1869, Mr. Walter Kerr, of Calcutta, told him that he had been very successful in treating sunstroke by doses of twenty to thirty grains of quinia given by the stomach, and advised him to try it. A short time afterwards Mr. Hall did so in the case of a driver who was attacked about half-past five in the afternoon; and who, when seen, was completely comatose, with dilated pupils, stertorous breathing, face very much flushed, skin red and burning hot, pulse full and rapid. Twenty grains of quinia were dissolved in twenty minims of dilute sulphuric acid and about three ounces of water, and the attempt was made to get the patient to swallow it, but failed. A solution of five grains of quinia, in five minims of dilute sulphuric acid and fifty minims of water, was then injected under the skin in different places about the shoulders. Within one hour the heat of the surface had perceptibly increased; he steadily improved during the night, was quite sensible next morning, and recovered without any bad symptoms. Surgeon J. Anderson shortly afterwards, in the same hospital, treated a case with equally satisfactory results. Mr. Hall attended five cases of heat-apoplexy and employed this method, and all recovered.

The Effect of Cold on Milk.—The effects of a low temperature on milk have been carefully examined by M. Eug. Tisserand, who recently communicated his observations to the Académie des Sciences. He found that, if cows' milk is immediately, or soon after being drawn, placed in vessels at various temperatures between freezing-point and 90° F., and the initial temperature is maintained for twenty-four or thirty-six hours, it will be found that the nearer the temperature of the milk is to freezing-point the more rapid is the collection of cream, the more considerable is the quantity of cream, the amount of butter is greater, and the skimmed milk, the butter, and the cheese are of better quality. These facts, he believes, may be explained by Pasteur's observations on ferments and their effect on the media in which they live. It is probable that the refrigeration arrests the evolution of the living organisms which set up fermentation, and hinders the changes which are due to their growth. The facts stated indicate room for great improvement in the methods of storage and preservation of milk. To keep milk at its original quality extreme cleanliness and a low temperature are absolutely necessary. In the North of Europe, Denmark, &c., the value of cold is already recognized, and in warmer climates the need for its assistance is greater. There is nothing impracticable in the suggestion, since running streams can be used to aid refrigeration. Where the quality of the milk is of great importance, ice may be employed.

Development of Unfecundated Ovules.—Several observers have noted the occasional partial development of ovules which have not been exposed to the possibility of fecundation. The fact was mentioned by Bischoff and R. Leuckart, and M. Moquin-Tandon has recently communicated some analogous and more datailed observations to the Académie des Sciences. The first phases of segmentation were distinctly observed in the egg dropped by a female frog which had been kept in confinement for about four months, and

secluded from all possible intercourse with the male. In the ovule, first two large vertical fissures were seen, and then an horizontal fissure. The segmentation then proceeded in a less orderly way, the vitelline spheres multiplying irregularly and becoming of unequal size. The process was more rapid than in fecundated eggs which were allowed to develop at the same temperature. Only a small number of the ova presented this evidence of commencing development; the majority died without any sign of segmentation. In all cases the phenomena soon ceased, the spherules produced separated, and the whole mass began to decompose Sometimes death occured after the division into two or four segments, sometimes at a more advanced period, but the ovule never assumed the mulberry look. M. Moquin-Tandon points out that the observation establishes incontestably that the ova of vertebrata not impregnated by spermatozoa may pass through the earliest stage of development in certain conditions the exact nature of which is at present unknown. These facts may be placed beside those of the same kind observed by Bischoff on the sow, by Hensen on the rabbit, by Agassiz and Burnette on fish, and especially with the remarkable fact observed by Oellacher that in fowls kept far from a cock unfecundated eggs underwent segmentation in the interior of the oviduct.

A Case of Addison's Disease.—The *Lyon Médicale*, No. 43, 1876, copies from the *Gazette Médicale* a case reported by M. Lahilonne at the Congress at Brussels as having occurred in the practice of Prof. Semmola, of Naples. It was that of a patient who had contracted malarial cachexia during hunting in marshy places. From this he recovered after change of climate and resort to therapeutic measures. A short time afterward, however, his strength began to fail, and his complexion became completely bronzed. At the end of last March the characteristic coloration had spread to the back and to the epigastric region; deposits of pigment were seen within the mouth, on the gums; there was general asthenia, the debility being so great that the patient could not raise his head. The pulse was hardly perceptible, the temperature 95°, with a permanent sensation of cold. Considerable gastric disturbance, with uncontrollable vomiting; urine pale, containing 150 grains of urea daily; no neuralgic pains. In view of this array of symptoms, Semmola made the diagnosis of a paralysis of the trophic apparatus (great sympathetic), and had recourse to the constant current applied from the nape of the neck to the lumbar region. There was no amelioration of these symptoms from this treatment at the end of five days. One pole was then placed to the neck and the other to the epigastric region, after which the vomiting ceased. The current was applied every twelve hours, and the gastric disturbance gradually disappeared. Sulphate of strychnia up to 8 mmgr. p. d. and iodide of potassium 1 grm. p. d. were also given. The sensation of cold disappeared, and the relief was signalized by a cutaneous desquamation. At present the patient eats one kilogramme of meat every day, rides horseback three hours, and only retains an icteric coloration of the skin to remind him of his illness. In the discussion M. Markowitz remarked that the array of symptoms was probably not due to an alteration of the supra-renal capsules. All diseases attended with a rapid cachexia, the paludal fevers among others, could conduce to a hyper-pigmentation of the skin. M. Semmola replied that there was no splenic humor, and besides that, to-day, the alteration of the capsules is not considered the fundamental cause; that the tendency is rather to admit an alteration in the functions of the great sympathetic dependent on the syphilitic virus, miasm, etc.

How to Cure a Cold in the Head.—The formula which I find on the whole the most suitable combination of the ingredients of the snuff is as follows:—Hydrochlorate of morphia, two grains; acacia powder, two drachms; trisnitrate of bismuth, six drachms. As this is neither an errhine nor a sternutatory, but rather the opposite, it may be termed an anti-errhine or anti-sternutatory powder. Of this powder one-quarter to one-half may be taken as snuff in the course of the twenty-four hours. The inhalations ought to be commenced as soon as the symptoms of coryza begin to show themselves, and should be used frequently at first, so as to keep the interior of the nostrils constantly well coated. Each time the nostrils are cleared another pinch should be taken. It may be taken in the ordinary manner from between the thumb and forefinger, but a much more efficacious and less wasteful method is to use a small gutter of paper, or a "snuff-spoon," placing it just within the nostril and sniffing up forcibly so as to carry it well within. Some of the snuff usually finds its way into the pharynx, and acts as a good topical application there, should there be also pharyngeal catarrh. The powder causes scarcely any perceptible sensation. A slight smarting may occur if the mucous membrane is much irritated and inflamed, but it rapidly disappears. After a few sniffs of the powder, a perceptible amelioration of the symptoms ensues, and in the course of a few hours, the powder being inhaled from time to time, all the symptoms may have entirely disappeared. I am writing this note cured of a cold in the head which I began to manifest in a very decided manner last night—viz., weight in the frontal sinuses, tickling of the nostrils, sneezing, watering of the eyes, and commencing flow of the nasal mucus. I commenced taking the snuff, continuing at intervals for about two hours, thoroughly coating the interior of the nostrils with it. Next morning I found myself entirely free from catarrh. The effects in my own case have been twice so rapid and beneficial that I look with comparative indifference on future colds. In the case of others to whom I have recommended the same treatment equally rapid and beneficial results have followed. One of my students in King's College Hospital described the effects as quite magical and unexpected, having in this way got rid of a cold in one evening. The other day one of the officials in King's College asked me if I could do anything to check a dreadful cold in the head which he had just caught. I gave him the above prescription, asking him to note the results. A day or two after he came and told me

that I had given him very marvelous snuff, as he had not taken more than one-eighth part before he had got rid of all his uneasiness and discomfort. Though I have not yet had very many opportunities of trying this method of cure, the success so far has been such as to warrant my recommending it as a rapid and efficacious treatment of nasal catarrh.—*D. Ferrier, M.D. Lancet.*

Reports of Societies.

MEETING OF THE WORLDS CONVENTION, AND THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE World's Homœopathic Convention, under the auspices and control of the American Institute of Homœopathy, met in Philadelphia, Monday, June 26th. The latter organization was called to order at half-past two o'clock by the President, Dr. Carroll Dunham, of Irvington-on-Hudson, N. Y.

The Committee on Publication reported that since the last meeting the transactions of the body had been published and distributed.

The report of the Treasurer was made the first business in order for the next morning.

A statement was then made by the President, who said the officers of the Institute would be those of the World's Convention. Essays and statistical reports of exceeding value would be presented from all countries. He announced also the Reception Committee, and the mode of registration under the direction of the Bureau of Organization.

The Institute then adjourned to meet to-morrow morning at 9 o'clock, and the World's Homœopathic Convention was declared in session.

The order of business and the rules of order of the Institute were adopted for the government of the Convention.

Dr. Dunham then addressed the convention, and during his remarks he alluded to the correspondence in the possession of the Committee of Arrangements upon which the convention would be called upon to take action. Allusion was also made to a fine bronze bust of Dr. Samuel Hahnemann, the founder of the homœopathic school, which had been forwarded to the convention by his venerable widow, Mme. Hahnemann, of Paris. He here read a cable despatch just received from Madame H., expressing her interest in and hope for the success of the convention.

Dr. Dunham then went on to state that in 1810 Hahnemann stood alone, the only homœopathist in the world. Now the system has its scores and hundreds of representatives in every country of Europe, in Asia, Africa, Australia, South America, and the West Indies, while in our own country the number of its educated and graduated practitioners is not less than five thousand. It has here and elsewhere its journals, its hospitals, colleges, dispensaries, and a clientele of millions of educated laymen. Medical schools have usually died with their founders, or else a little before them. It is now thirty-three years since the venerable discoverer of our school entered into his well-earned rest, but his system of medicine has made steady and rapid progress. He then dwelt upon the fact that of the few cardinal points of the homœopathic doctrine, *all* were at first rejected and ridiculed by the allopathic school. Now some of them are accepted, others are the subjects of experimental investigation and discussion, and but one of them is now rejected in toto. He believed the time was not far distant when progressive research in the allopathic school would yet convince doubting homœopathists of the efficacy of the minute dose. In illustration of his point he cited the fact that more than a quarter of a century ago Dr. Constantine Hering instituted experiments from which he was led to the conviction that morbid effects could be obtained from the ingestion of snake poisons analogous to those obtained when the poison is introduced into the circulation. Dr. Hering's inferences were rejected by chemists and physiologists, on the ground that the gastric juices must and would destroy the poisonous properties of the virus and render it inert, and many homœopathists were led to decide against the validity of Dr. Hering's conclusions. Recent experiments by allopathic physiologists made with curare prove the truth of Dr. Hering's conclusions, made nearly thirty years ago.

Dr. Dunham closed his masterly address with an examination of the claims of pathology as an aid to the homœopathic physician. While he conceived that Hahnemann's attacks upon pathology were justified by the crudeness of the notions of his time, he considered that the pathology of the present day is of inestimable value as an aid in tracing out the ramifications and following the progress of disease, and in selecting a remedy suited to the entire diseased con-

dition. The address was listened to with marked attention, and was frequently interrupted with applause.

The following delegates from abroad were present: Drs. Clotar Müller, of Leipzig, and Haupt, of Dresden; Richard Hughes, of London, Eng.; Arthur Clifton, of Northampton, Eng.; W. F. Hayward, of London, and Charles Skinner, of Liverpool.

The officers of the Convention are as follows: President, Carroll Dunham of Irvington, N. Y., Vice-President, E. C. Franklin of St. Louis, Mo., General Secretary, R. J. McClatchey of Philadelphia, Treasurer, E. M. Kellogg of New York.

After the delivery of the addre s the convention adjourned until 9 o'clock the following day.

SECOND DAY—MORNING SESSION.

The American Institute of Homœopathy reassembled at 9 o'clock. Dr. Dunham in the chair.

The Censors reported a large number of applications for membership.

The treasurer reported the receipts of the year to have been $7,805; disbursements, $4,847 22; balance, $2,957 78.

The Institute then adjourned until 9 A.M. tomorrow, and the World's Convention was called.

On motion, Drs. C. Hering of Philadelphia, John F. Gray of New York, Richard Hughes of England, and Clotar Müller of Germany, were made honorary vice-presidents.

A paper by Dr. Constantine Hering of Philadelphia, on the history of

MATERIA MEDICA,

was then read by Dr. A. Korndoerfer, of Philadelphia. He divides it into seven periods, viz.: The Egyptian, Gallenic, Paracelsus, Anti-Paracelsus, Hahnemann, Anti-Hahnemann, and the present period. Hahnemann began his examination of drugs with the query of each, What will it do? It was not until his experience had ripened to four score years that he gave to the world his organon. Each remedy was to Hahnemann a unit which could not be supplanted by another. Hahnemann's paramount desire was to heal the sick. With the present period a new era began. The objections to the arrangements of the Materia Medica are fast dying away. It is right we should agree on necessary things. First about Hahnemann's method. The symptoms of patient and proving must correspond. Every doubt is welcome, but reasons therefor must be given. The maxim should be adopted of principles, not men, and all personalities should be laid aside in the *in omnibus charitas.*

The paper was then discussed by Dr. J. P. Dake, of Nashville, Tenn. He was followed by Dr. Richard Hughes, of England, who discussed the paper of Dr. Sharp, of England, on the Foundations and Boundaries of Modern Thera peutics. He could not allow that inflammation was the type of all disease, still less could he admit that all drugs were, primarily, stimuli.

The debate was continued by Dr. Conrad Wesselhoft, of Boston, Mass. It is not the similitude, said he, that causes the cure, but the difference in kind. The recuperative power is active until death has occurred.

Dr. Adolph Lippe, of Philadelphia, said that infinitesimal doses became a necessity in the development of homœopathy.

Dr. William Owens, of Cincinnati, discussed the subject of the "Foundations and Boundaries of Modern Therapeutics." He claimed that electricity was as much a medicament as pulsatilla or any other drug in the pharmacopœia.

Dr. T. F. Allen, of New York, discus ed the question of the "Physiological Materia Medica of the Old School." He said it had started from first, provings upon human beings; and, second, provings upon animals. The method now used is such as to bring out the full physiological effect of the drug upon the animal.

Dr. S. M. Cate, of Salem, Mass., discussed the paper of Dr. Richard Hughes, of England, on "Hydrocyanic Acid—Its Value in Epilepsy."

Dr. G. R. Naylor, of Calcutta, India, was invited to a seat in the Convention. He said he must acknowledge he belonged to the Old School, but was not an enemy to homœopathy. He was not, however, a believer in infinitesimal doses, but always had a desire to examine the subject of homœopathy more minutely. That had been one of his objects in traveling so many thousand miles. As there was no homœopathic hospital in Calcutta, he considered it the duty of every one to inquire before he condemns. Homœopathy is now practiced in Calcutta.

The paper by Dr. Paul Pitet, of France, on

THERAPEUTIC ACTION OF CURARE,

was then discussed by Dr. E. A. Farrington, of Philadelphia.

Dr. H. H. Baxter, of Cleveland, Ohio, discussed the paper of Dr. Imbert Goubeyre, of France, on "Arnica." He thought it would be new to many

that arnica would produce actual extravasation. The time may come when we shall note apoplexy produced solely by arnica.

The discussion of the above question was continued by C. B. Knerr, of Philadelphia, who read some remarks on the same by Dr. C. Hering. The very serious objection to the use of the flower is in the insect invariably to be found in the calix of the arnica flower. Only the roots should be used, and all tinctures from the blossoms are untrustworthy.

The subject of "Materia Medica and Therapeutics" was then thrown open for general discussion.

Dr. Hughes, of England, addressed the Convention in reply to the remarks on his paper.

Remarks were also made by Dr. Brown, of Binghampton, New York.

A statement was made by the President regarding the essays and reports received too late to be printed.

The Convention then adjourned to meet at 9.30 A. M. to-morrow.

THIRD DAY.—MORNING SESSION.

The American Institute of Homœopathy reassembled at 9 o'clock. Dr. Dunham in the chair.

After the censors had presented their report, the Institute adjourned, and the session of the World's Convention began.

Dr. Detwiler, of Easton, Pa., was made honorary Vice-President.

Dr. A. W. Woodward, of Chicago, discussed the paper of Drs. Woodward and Duncan on epidemic influences.

The papers

ON DIPHTHERIA,

by Drs. B. F. Joslin, of New York, and Adolph Lippe, of Philadelphia, were then discussed by Dr. P. P. Wells, of Brooklyn, N. Y. He said there was no such thing as the treatment of diphtheria in a manner different to other human diseases. He recommended feeding and stimulation. He affirmed, without hesitation, that if this unwillingness to take food is heeded, it will be done at the sacrifice of the life of the patient.

Dr. Henry D. Paine, of New York, alluded to the remarks of Dr. Joslin on "Croup." He was glad to see that he maintained there was no difference in the two forms of croup. There seemed to be a question as to whether what is known as diphtheria is a new disease or an old one revived. Bretonneau inclines to the belief that diphtheria is only another form of membraneous croup. As far as the records of medicine go, there is no clearly defined description of diphtheria until within the past hundred years in this country.

Dr. C. Pearson, of Washington, D. C., had treated diphtheria in its most malignant forms, and regarded stimulants as worse than nothing.

Dr. J. J. Mitchell, of Newburgh, N. Y., proposed discussing the germ theory of diphtheria. The mass of the profession regard it as the result of a local affection. When this disease first made its appearance in England in 1858 and 1859, there were 20,000 deaths from it. If this is a local disease it is to be met by local measures.

Dr. George W. Swazey, of Springfield, Mass., thought the reason why diphtheria was not a local disease was that no disease that is contagious can be local. The virulence of the disease Dr. Lippe says in his paper, depends on the susceptibility of the patient.

Dr. G. H. Wilson, of West Meriden, Conn., said that in the ancient history of the disease there had been much uncertainty. He found that not one death had occurred in houses where gas was used as an illuminator. He considered that petroleum aggravated, if it did not produce diphtheria.

Dr. T. L. Brown, of Binghampton, N.Y., considered the parasite as the cause of diphtheria. Dr. Lippe had made a wholesale assault on disinfectants, but he stood there to defend them. In most localities where diphtheria most prevails some sink hole of filth will be found, which a disinfectant such as lime will prevent if used.

Dr. T. C. Duncan, of Chicago, Ill., said that in no disease had homœopathy won such laurels as in the treatment of croup. Diphtheria is the cholera of the respiratory system.

Dr. Albert Haupt, of Germany, considered those remedies would be best for diphtheria which combined the disinfecting and stimulating power.

Dr. E. B. de Gersdorff, of Boston, Mass., was the next speaker, followed by Dr. B. F. Joslin, of New York. The latter gentleman said that with stimulants and without rest a great many patients would not recover from diphtheria, although receiving otherwise the best treatment. He considered that food should be given in some form or other.

The papers on

INTERMITTENT FEVER,

by Drs. Chargé, of France, and Panelli and Pompili, of Italy, were then discussed by Dr. D. H. Beckwith, of Cleveland, Ohio. There will be, said he, some peculiar characteristic and type in every case of intermittent fever.

Dr. L. E. Ober, of La Crosse, Winconsin, said that when marshes and low grounds remain covered with water during the summer, intermittent fever does not prevail to such an extent as when these grounds are uncovered. When miasm is prevalent in the atmosphere a drug should be given to destroy this poison.

Dr. J. C. Morgan, of the University of Michigan, thought if a person is exposed to malaria, he ought to look out particularly for vapors. These diseases usually attack the skin.

The papers on

PNEUMONIA,

by Dr. Jousset, of France, and the Homœopathic Medical Society of Madrid, Spain, was discussed by Dr. J. W. Hayward, of Liverpool, England. He said in the treatment of pneumonia the constitution of the patient should be taken into consideration, and then the medicine to be given. In attacks of simple or complicated pneumonia on healthy persons he considered no medicine so beneficial as aconite.

Dr. Elijah U. Jones, of Taunton, Mass., said in asylums for aged persons pneumonia often appears as an epidemic.

Dr. S. Lilienthal, of New York, said that it was only when the disease had entered its second stage that phosphorous could be indicated. He considered tartar emetic only a remedy in the last stage.

The chairman announced that 455 persons had been registered to-day, after which the paper of Dr. E. B. de Gersdorff, of Boston, on

ANGINA PECTORIS,

was discussed by Dr. Clotar Müller, of Germany.

Dr. T. Dwight Stow, of Fall River, Mass., discussed the paper of Dr. Meyhoffer, of France, on "Primary Congestion of the Lungs."

The subjects were then thrown open for general discussion, and remarks were made by Dr. Nathan R. Morse, of Salem, Mass.

The Convention then adjourned until 9.30 A. M. to-morrow.

FOURTH DAY—MORNING SESSION.

The American Institute of Homœopathy reassembled this morning at 9 o'clock. After the report of the Censors had been presented, giving the names of a large number of applicants for membership, the Institute adjourned until 8.30 A. M. to-morrow.

The World's Convention was then declared in session.

Dr. Talbot, from the Committee on Correspondence, presented a report. It states that a colossal bust of her late husband has been received from Madame Hahnemann. She accompanies this with sentiments of deepest veneration for the memory of one who has done so much for humanity; of cordial sympathy with this Convention, which seeks to gather, from all parts of the world, means for an advancement of medical science, and of high hopes for the universal adoption of the great principle in medicine for which its founder endured persecution and suffering, and to the advancement of which he devoted the greater part of a long and useful life.

The committee recommended the adoption of the following resolutions, which was agreed to:

Resolved, That the World's Homœopathic Convention, assembled in Philadelphia in 1876, tender to Madame Hahnemann most hearty and cordial thanks for her thoughtful and generous gift of the bust of her illustrious husband, the founder of homœopathy, that advanced medical science which has spread to every part of the habitable globe, as testified to by the representatives and communications of this convention.

Resolved, That while regretting the necessity that a life so valuable should terminate, yet we have abundant cause for thankfulness that it was so prolonged as to enable him in a measure to complete his work and see the fruition of his labors.

Resolved, That we extend the warmest gratitude to Madame Hahnemann, who did so much to make the last years of her illustrious husband comfortable and happy, and we rejoice that she has been spared, and hope that she may long live to witness the wide-spread growth of the medical system which he founded, and which has given to the world increased life and freedom from suffering.

Papers relating to the

DEPARTMENT OF SURGERY

were then taken up, and the papers of Dr. J. H. McClelland, of Pittsburgh, Pa., on "Syphilis," discussed by Dr. S. R. Beckwith, of Cincinnati, Ohio; Dr. L. H. Willard, of Alleghany, Pa.; Dr. A. Clifton, of England, and Dr. H. F. Bigger, of Pittsburgh, Pa.

The question was then thrown open for general discussion, in consequence of its great importance.

The paper of Dr. A. G. Beebe, of Chicago, on the Therapeutics of

BENIGN TUMORS

was then discussed by Dr. W. T. Helmuth, of New York. He had no doubt that homœopathic medicines would cure certain tumors.

He was followed by Dr. I. T. Talbot, of Boston, Mass.; Dr. J. H. McClelland, of Pittsburgh, Pa.; Dr. B. W. James, of Philadelphia; Dr. S. S. Lungren, of Toledo, Ohio.

A general discussion ensued, participated in by Dr. Knickerbocker, of Jefferson county, New York, and others.

Dr. W. T. Helmuth's paper on "The Influence of Homœopathy on Surgery," was discussed by Dr. James B. Bell, of Augusta, Me. He said it banishes from surgery all noxious, hurtful, destructive agencies.

The paper of Dr. George S. Norton, of New York, on "The Inflammation of the Conjunctiva," was discussed by D. T. P. Wilson, of Cincinnati.

The paper of Dr. Wilson on "Acute Diseases of the Middle Ear," was discussed by Dr. W. N. Phillips, of Cleveland, Ohio, and Dr. J. A. Campbell, of St. Louis, Mo.

The Convention then adjourned until 8.30 A.M. to-morrow.

FIFTH DAY—MORNING SESSION.

The first business in order was the election of officers.

Drs. S. R. Beckwith, of Cincinnati; T. S. Verdi, of Washington, and E. C. Franklin, of St. Louis, were placed in nomination for President. Result of the first ballot was as follows:

Whole number of votes cast	91
Beckwith	23
Verdi	25
Franklin	43
Necessary to a choice	46

A second ballot was taken, with the following result:

Whole number of votes cast	108
Franklin	81
Beckwith	25
Verdi	2
Necessary to a choice	55

Dr. Franklin was consequently elected President.

On motion, the following committee was appointed to nominate a Board of Censors:

Dr. T. S. Verdi, of Washington; Dr. J. H. Woodbury, of Boston, and Dr. T. P. Wilson, of Cincinnati.

Dr. T. C. Duncan, of Chicago, and Dr. R. J. McClatchey, of Philadelphia, were placed in nomination for the office of General Secretary.

The committee to nominate a Board of Censors presented the following, who were elected: Drs. F. R. McManus, N. R. Morse, J. C. Burger, R. B. Rush, and George A. Hall.

The result of the ballot for General Secretary was: Duncan, 24; McClatchey, 109. The latter was consequently elected.

The result of the second ballot for Vice-President was: Dr. T. P. Wilson, of Cincinnati, 75; Dr. T. S. Verdi, of Washington, 73; the former being elected.

Dr. E. M. Kellogg, of New York, was elected Treasurer.

Dr. J. C. Guernsey, of Philadelphia, was elected Provisonal Secretary.

The Committee on time and place of next meeting, reported that the following places had been offered: Detroit, Chatauqua Lake, Long Branch, Indianapolis, St. Paul and Spring Lake Beach, near Long Branch.

Chatauqua Lake was selected as the next place of meeting, and the time was left to the Executive Committee.

The Institute then adjourned, and the World's Homœopathic Convention was declared to be in session.

A debate on matters relating to

OBSTETRICS AND GYNECOLOGY

then ensued. The paper of Dr. J. H. Woodbury, of Boston, on "Puerperal Fever," was discussed by Dr. S. P. Burdick, of New York; Dr. O. P. Baer, of Richmond, Indiana; Dr. Henry M. Smith, of New York; Dr. R. Ludlam, of Chicago, and Dr. C. A. Bacon, of New York.

The papers of Dr. H. N. Guernsey, of Philadelphia, and Dr. J. C. Sanders, of Cleveland, Ohio, on "Diseases incident to Pregnancy," were discussed by Drs. J. H. Gallinger, of Concord, New Hampshire, and H. N. Guernsey, of Philadelphia.

The paper of Dr. Davidson, of Italy, on "Hysteria," was discussed by Dr. H. N. Guernsey, of Philadelphia, and Dr. O. B. Gause, of the same place. The latter said "Hysteria" was an acquired disease, and yet an idyosincratic disease. He considered education and discipline as a means of cure.

The paper of Dr. A. Claude, of France, on "Metrorrhagic Chlorosis," was discussed by Dr. Richard Hughes, of England.

The paper of Dr. R. Ludlam, of Chicago, on "Membranous Dysmenorrhea," was discussed by Dr. O. B. Gause, of Philadelphia, and Dr. T. Y. Kinne, of Paterson, N. J.

The papers were then thrown open for general discussion, and remarks were made by Dr. R. Ludlam, of Chicago.

The Convention then adjourned to meet at 9 A. M. to-morrow.

LAST DAY—SATURDAY—MORNING SESSION.

The World's Homœopathic Convention reassembled at 9 A. M. to-day, in the First Reformed Presbyterian Church, Broad street, below Spruce, Dr. Dunham in the chair. The

COMMITTEE ON CORRESPONDENCE

presented the following resolutions, which were adopted:

Resolved, That the success which has attended the World's Homœopathic Convention, alike bringing together in pleasant personal relations physicians from different parts of the world who have a common interest in the advancement of a science which benefits a common humanity, in developing and publishing new and valuable facts and information pertaining to that science, and in gathering statistics of the position and progress of homœopathy throughout the world, fully justifies the recommendation that another and a similar convention should be held at some future time.

Resolved, That the Executive officers, together with the Honorary Vice-Presidents of the First World's Homœopathic Convention, held in Philadelphia in 1876, be and hereby are appointed an Executive Committee, with power to consult and enter into correspondence with the homœopathic physicians or societies of the various countries, and to determine a suitable time and place for holding a second World's Homœopathic Convention at some time within five years, and to assist in all preliminary arrangements until such time as the Executive officers shall have been appointed by some suitable body of homœopathic physicians of the country in which the said Convention is to be held.

Drs. Sherman, of Milwaukee, and Hughes, of England, were in favor of having an international pharmacopœia.

Dr. Janney, of Kansas City, by request, then read his paper on

GUN-SHOT WOUNDS.

The Committee on an International Pharmacopœia were appointed as follows: Dr. Drury, of England; Dr. Schwabe, of Germany; Dr. Catallar, of Paris; Dr. Ceyliano, of Naples.

Dr. Dunham made a few remarks, after which the World's Convention of 1876 adjourned *sine die*.

HAHNEMANN ACADEMY OF MEDICINE.

AT the regular monthly meeting of the Academy, Wednesday evening, June 20th, a larger number than usual assembled at the Ophthalmic Hospital, drawn together by the report that Dr. Skinner, of England, would read a paper upon gynecology. The paper was an earnest and vigorous protest against the use of all forms of mechanical aids, and of all topical applications in the treatment of uterine and vaginal troubles except warm water. This application was permitted more for cleanliness than for any special curative action it might have. Dr. Skinner stated that he was a recent convert to homœopathy, having only two years' experience in that faith, while his experience in allopathy amounted to twenty-seven years of hard practice. With this large experience his assertion that he believed every curable case of female disease could be treated more satisfactorily to both physician and patient with the properly selected homœopathic remedy and without mechanical aids or topical applications, produced a profound impression.

At the conclusion of his remarks, the president, Dr. Hills, called upon several members, and the discussion became quite lively and interesting. Dr. Gray warmly approved the sentiments of Dr. Skinner, saying they entirely corresponded with his own teachings and practice. Dr. Hallock fully coincided with Dr. Skinner. He believed in constitutional treatment, and thought in the hands of a careful, intelligent physician this would be all that was necessary. Dr. Burdick believed in carefully selecting the appropriate remedy, and with it meeting the constitutional symptoms. Even in purulent ophthalmia the only application he used was water, and this simply to wash the lid. He did not ever wash out the matter under the lid, but found the appropriate remedy given internally fully met the requirements of the case, the cure being performed in ten or fifteen days.

Dr. Guernsey said that he had listened with great interest to Dr. Skinner's paper, the more because the conclusions were the result of the careful experience and of an earnest, intelligent physician, from nearly thirty years' practice. He wished his own experience led him to the same conclusions. He would be very glad to dispense with local applications and mechanical aids, but

in many cases he had entirely failed in obtaining satisfactory results by constitutional treatment alone. In these cases local application and occasionally even mechanical support had greatly facilitated the process of cure. His own experience was most decidedly in favor of a careful, general treatment, combined in certain conditions with judicious topical applications.

Dr. Troop believed most decidedly in topical applications. It seemed to him they were quite as important in uterine disease as in nasal catarrh or in external ulcers.

Dr. Heywood, of England, while he complimented his fellow-townsman, thought he was still too young in his new faith to express his opinions quite so positively before some of the gray heads of the profession who had been hard workers in its ranks for nearly a half century. He believed in topical applications. In purulent ophthalmia he used such local treatment as he deemed necessary, always washing out carefully the matter from beneath the lids. The ten or fifteen days which Dr. Burdick set as the limit of the disease would not suit him. He was accustomed to get through with such cases in three or four days.

Dr. Hughes, of England, in the most essential points agreed with Dr. Skinner.

Dr. Clifton, of England, stated he had been a homœopathic practitioner nearly thirty years in town of from twenty to thirty thousand inhabitants. He was accustomed to watch his cases carefully, and to keep a written record of each case for future reference. In the beginning of his practice he confined himself almost entirely to the two hundreth dilution, but as time passed on he found himself in some cases coming down to the twelfth and the sixth, until at last to using topical applications. He considered that he was much more successful now than in his early practice. His death-rates were less, and his cases recovered quicker. He did not believe all medical wisdom was concentrated in the brain of Hahnemann, or that all medical progress ceased at his death. If Hahnemann were alive now he would be a better homœopath and a more successful physician than ever before.

Dr. Donovan stated that while in no case careful constitutional treatment should be neglected, he believed there were cases where local treatment was of the utmost importance.

Dr. J. Robie Wood thought a most important factor in Dr. Skinner's treatment was his enthusiasm. This he believed contributed greatly to his success. The same remedies in the hands of other physicians without his magnetism and enthusiasm might entirely fail.

Dr. White said her practice was confined almost entirely to gynecology. She believed in topical treatment, and almost every day was called upon to treat patients who had been for a long time under regular homœopathic constitutional treatment, with but little or no benefit. She found under judicious local and general treatment they recovered rapidly.

Brief remarks were made by several other members, when the meeting adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—In order to add to the interest of the proceedings of the semi-annual meeting, October 10, members are requested to interchange their papers one with another, and if unable to be present at the meeting, send a written report of what they intend to say, that it may be read upon this occasion. If this plan is generally adopted, it will greatly aid those who will be present, and increase the value and volume of transactions.—ALFRED K. HILLS, Recording Secretary.

Medical Items and News.

PROF. VIRCHOW.—In an interesting letter from Berlin, published in the *Boston Medical and Surgical Journal*, of February 17th, the writer says of Virchow: "All in all, he is one of the most remarkable men I ever knew. His *personnel* is by no means striking. He is below the average German stature, of a dingy complexion, and with an impassioned expression; one fails to detect the depth of his researches in science, or the strong will or the cutting sarcasm which characterizes him. An hour in the *Pathologisches Institut* easily demonstrates his accurate study in that part of medical science to which he has devoted the most hours of the best part of his eventful life. His political tenets, at variance with those of the Chancellor of the Empire, and in sympathy with that large radical party of Germany, whose ideal may be seen in nearly every European government of to-day, call it by whatever name you please, liberalism, radicalism, or conservatism, have developed an iron will and

a bitter sarcasm, which make him a species of terror to the Government. In other ways he is remarkable. Always late at his lecture, and appearing now but twice a week, he has time enough apparently for the numerous demands made upon him. On the same day he is to be seen from 9 to 11 A.M., in the *Pathologisches Institut*, demonstrating, with a vast array of material, cellular pathology; and from 5 to 7 or 8 P.M., in the Chamber of Deputies of Prussia, of which this week he was elected vice-president, over the nomination of his predecessor; later, hard at work in the Royal Geographical Society. Besides these official appointments he is chief editor of a popular journal of science, contributes occasionally an article to scientific bodies, and gives popular lectures in the winter. I have alluded to his life as an eventful one. It may not be generally known on our side of the water that, in the Revolution of 1848, he fought as a common soldier behind the trenches; that he was forced to abandon his professorship here on account of his political doctrines, and that he went to Würzburg, where the book of his life—the exposition of the cellular pathology—was written; that the government was obliged to recall him to his department in the university on account of the demand of scientific men, who recognized his birth by the new book; that later, Prince Bismarck challenged him to a duel, whose acceptance he had the courage to refuse; these and many other events of his life make Rudolph Virchow one of the most conspicuous men of the day in Germany. I am told that he regrets the comment made not long ago about him, that he was a severe critic as to the merits of other men. Virchow is poor, lives on the second flight, and complains that he cannot live as a gentleman of his standing should. A sketch of his life, by Herbert Tuttle, of Berlin, formerly of Boston, will shortly appear in the *Routledge series*, under the title of 'German Political Leaders.'"

REFERENCE to the College advertisement will show a change in the faculty. Dr. Doughty takes the place of Dr. Carmichael as Professor of Anatomy. Dr. Doughty is a man of decided ability, but it will be no easy matter for any one to fill the place of Dr. Carmichael, who is recognized as one of the ablest lecturers on anatomy in any school in the world. It is rumored that one of the principle objections to Dr. Carmichael was the severity of his examinations. A very pardonable fault, it would be supposed, in a school which aims to elevate the standard of medical education.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.—Report month of June, 1876. Remaining May 30th, 289 males and 81 females; births, one. Admitted during June, 109 males and 86 females; died, 5 males and 5 females; discharged, 91 males and 73 females. Remaining June 30th, 302 males, 90 females.

DR. LUDOVIC HIRSCHFELD, Prof. of Anatomy in the University at Warsaw, author of the well-known plates of the nervous system, died of dropsy, May 16.

IN a severe case of purpura hemorrhagica Dr. Chancrosi obtained excellent results from hypodermic injections of ergotine.

DR. GEORGE QUACKENBUSH, a physician and surgeon of some eminence in New York, died in his carriage, July 2d.

☞ WILL the physician who advertised in this Journal, May issue, signing himself "Potency," please communicate with the Editors. He will learn of something to his interest.

NOTICE.—Physicians who are about to subscribe for the HOMŒOPATHIC TIMES, *or who have already subscribed and have not remitted for the same, are requested to have their postal orders made payable at Station G, New York city, and to the order of* L. L. DANFORTH, *Treasurer.*

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